

Valet Parking Special Event Application

Return to: Joanne Orsucci, Special Events Committee Chair
860 Terry Avenue North, Seattle, WA 98109-3440
Phone: (206) 684-8017; Fax: (206) 684-7025

This application must be completed, signed and forwarded to the City of Seattle Special Events Committee Chair at least ten (10) working days prior to the event. Any misrepresentation in this application or deviation from the final agreed upon method of operation described herein may result in the immediate revocation of the permit. Please type or print information clearly and attach a map of legible drawing outlining the event location on an 8 1/2" x 11" piece of paper with street names and directions noted.

EVENT:

Event Name/Address: _____

Event Date: _____ Day of Week: _____ Time: _____

Valet Parking Location (Street): _____

Where will the vehicles be parked during the event? _____

How many parking spaces are available? _____

Off Street Parking Lot Contact Name: _____ Phone: _____

Set-Up Time: Begin: _____ a.m./p.m. Dismantle: _____ a.m./p.m.

Event Crowd Size: Participants: _____ Vehicles: _____

APPLICANT INFORMATION:

Valet Company: _____

Mailing Address and Zip Code: _____

Applicant's Name: _____ Title: _____

Home Phone: _____ Work Phone: _____ E Mail: _____

Pager: _____ Cell: _____ Fax: _____

REQUIRED INSURANCE INFORMATION: Insurance required 30 days prior to event. A Special Event Permit will not be issued until insurance has been approved. Please contact Keith Ayling at 206-386-4531 with insurance questions.

- **CGL LIMITS \$1,000,000 CSL PER OCCURRENCE.** Minimum Garage Keepers Legal Liability limits of \$150,000 any one vehicle/\$500,000 any one loss.
- **"CITY OF SEATTLE" NAMED AS AN "ADDITIONAL INSURED" UNDER A FORM # CG 20 12, CG 20 26 OR EQUIVALENT.**
NOTE: The permit holder does not lease or rent premises from, or perform work for, the City and a permit is NOT a written agreement. Additional Insured language with these restrictions cannot be approved.
- **INCLUDE A COPY OF THE ACTUAL "ADDITIONAL INSURED" POLICY ENDORSEMENT THAT MEETS THE ABOVE REQUIREMENTS. Must include Policy Number and "CITY OF SEATTLE" under schedule.**
- **CERTIFICATE HOLDER:**
The City of Seattle, P.O. Box 94669, Seattle, WA 98124-4669
FOR NOTICE OF CANCELLATION PURPOSES ONLY! DO NOT MAIL CERTIFICATION TO THE CITY.
30 DAY PRIOR WRITTEN NOTICE OF CANCELLATION - 10 DAYS FOR NON-PAYMENT OF PREMIUM.

E-MAIL INSURANCE REQUIREMENTS TO: keith.ayling@seattle.gov or **FAX TO:** 206-470-1280

Print Applicant's Name

Today's Date

Applicant's Signature



City of Seattle
Special Events Committee